

## **CENTRAL TEXAS: AUSTIN/ WACO/ TEMPLE SITE VISIT REPORT**

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### **I. VISN 17 Heart of Texas Health Care System**

Central Texas Health Care System, Austin, Temple and Waco, Texas

### **II. Date of Visit: July 15, 16, 17, 2003**

### **III. Sites Visited During Trip**

- a. Austin Outpatient Clinic, Austin Texas
- a. Olin Teague VA Medical Center, Temple, Texas
- b. WACO VAMC, Waco, Texas

### **IV. Commissioners/Staff in Attendance**

Chairman Everett Alvarez, Jr.  
Commissioner Michael Wyrick  
Commissioner Patricia Vandenberg  
Commissioner Richard McCormick  
Commissioner Chad Colley

Commission staff: Rebecca Wiley  
Sara Lee

## **V. Summary of Meeting with VISN/Medical Center Leadership**

### **i. Names and titles of Attendees:**

Tom Stanova, VISN director  
Mike Dunfee, Development Manager  
Dean Billik, Health System Director  
Tom Balderach, Administrator, Austin OPC  
Ed Woo, MD Superviosr Primary Care

### **ii. VISN/Medical Center Leadership Meeting Forum/ Site Visit**

Tom Stanova, VISN 17 Director, had previously presented an opening VISN 17 overview at the South Texas Veteran Health Care system. In summary, VISN17 has outpatient capacity planning initiatives in each of it's four markets and the focus on the significant number of veterans concentrated in the urban areas and use of VA staffed clinics was discussed. Other smaller contracted clinics for rural areas are proposed. VISN 17 has inpatient capacity PIs in the North Market, with an inpatient gap of 70 beds and because of the scale, it is recommended that the workload would be done in house which requires construction. VISN 17 has access PIs in the Central market and the Valley Coastal Bend market. Additional clinics would meet this need. VISN 17 has inpatient access PI issues in the Valley Coastal bend Market and a proposed solution is use of additional contracts for inpatient care within the market.

The Central market has capacity issues in outpatient mental health and specialty care and the Austin clinic would lease space in the downtown Austin for primary and specialty

care. Of significant issue in this market is the lack of acute inpatient beds within 70 miles of Austin, the largest and fastest growing area in the market.

The Central Texas Veterans Health Care system is comprised of Olin E. Teague Veterans Center, Temple, Austin Outpatient Clinics, and WACO VAMC in Waco and Thomas Connally Medical Center, in Marlin, Texas. Marlin, Texas no longer has inpatient beds and is used for outpatient services.

The site visit began at the Austin Outpatient Clinic.

Mr. Dean Billik, Director, Central Texas Veterans Health Care system provided an overview of the health care system with focus on need for expansion of services to the Austin Area, given the huge population expansion in that area and minimal growth for the remaining market area. Expansion of CBOC's in the metropolitan area will increase veteran access, decrease the congestion at the current outpatient site and decrease travel time in a very high traffic area. In the Austin area there is opportunity to partner with other medical services and the University of Texas in development of a leased inpatient facility. This concept was begun prior to the CARES process, however it is well supported by the CARES data. An inpatient facility would be a part of a larger health care collaboration. Additionally, to shift services to the population phase, it has been proposed to relocate all inpatient and long term care activities at the WACO site, moving and/or relocating them to the Olin Teague VA medical center remaining inpatient services. This enhancement of services would allow for continuation of all services currently provided in the Central Texas Health care system and provide for much needed service relocation to the Austin area. This proposal would increase compliance increasing the access standard to 81.6%. Projected enrollment and utilization indicate that approximately 23 medicine and 9 surgical beds are required in the Austin area. Leadership viewed this proposal to be the most effective method to meet the needs of this market.

The team visited the Austin Outpatient area, touring the various outpatient areas. Of note were the congested waiting rooms, limited examination rooms and limited space for provision of services.

#### **Other site visits:**

The team then traveled to the Olin Teague VAMC, in Temple, Texas. Temple is a tertiary Care facility, classified as a clinical level 2 facility, providing a full range of patient care services. The facility is located on 123 acres, and includes a pond, and several buildings that are leased to Texas A and M. There are also several buildings scheduled for demolition. The medical center has capacity to meet the relocation concepts for the programs to be relocated from the WACO site.

On Thursday morning, the group (minus Mr. Alvarez) conducted a site tour of the WACO VAMC, in Waco, Texas. WACO VAMC is situated on 155 acres with numerous buildings, many of which have been recently remodeled but are under utilized or not occupied. Several buildings house other government agencies. Inpatient census has dwindled the last few years and as a result inpatient medical and urgent/emergency care services are contracted from the local community hospital. The remaining patient population at WACO is acute and chronic psychiatric patients and nursing home residents. Fewer inpatient psychiatric patients are being referred from outside the area. There are 701 VA employees and approximately 400 are eligible for retirement.

The Waco economic community numbers 162,000 people, so the WACO VA Medical center is not the largest employer.

### **iii. What did we learn?**

- There is large growth in the veteran population in the urban area of Austin. This is one of the fastest growing communities in Texas. In contrast, where the VA Inpatient Medical centers are located, there is flat and or decreasing veteran population growth.
- The WACO facility is a multiple building facility located on over 150 acres. The buildings are in good repair, but have a declining referral base and resultant decreased need for all space that is available at the site. Services provided at the WACO site are proposed to move to the Olin Teague VA Medical Center in Temple, where there is ample space for relocation, and inpatient and specialty services are available to support the programs.
- The central market has many opportunities in Austin for VA partnering with the local medical community in ground floor efforts to enhance services to veterans using alternatives to stand alone facilities, such as leasing shared space for inpatient needs, use of VA staffed CBOCs.

### **iv. Significant Issues to Consider**

1. What is the top CARES priorities for VISN 17?
2. The Central Market in Texas has significant growth in the urban area of Austin, without inpatient services in close proximity. The need for inpatient beds in Austin is supported by the CARES data for FY 2012 and 2020 if segmented by the submarket.
3. The VISN has proposed enhancement of services in the Austin area through redirection of resources from the WACO facility. To accomplish a realignment of services, vital patient programs would be moved from the WACO VA to Temple VA. There is opposition to the closure of WACO VAMC as evidenced by protest demonstrations and newspaper articles.
4. Primary Care services for this market are addressed through CBOCs. Are there other opportunities to partner with the community?

## **VI. Stakeholder Meeting**

### **Attendees**

Alloway, Virginia  
Armentrout, Delma  
Barrera, C  
Bauer, Richard  
Berrigan, Sandra  
Bethea Jr., Larry  
Bier, Samuel & Ruth (phoned 7-11-03 and stated they will participate via V-tel from Austin)  
Billik, Dean  
Brakefield, JP  
plus two other VSO officials...names not given

### **Speaker**

Bridgewater, Steve	
plus one other from the Marine Corps League...name not given	
Bybee, Darby	
Chisholm, Angela	
Colenda, Christopher	Yes
Cronin, Robert	
Cowan, Gerald	Yes
Cully, Maribeth	
Echols, Arley	
Felts, Vic	
Harper, Alan	
Hatfield, Mary	
Heers, Dan	
Jones, Bobby	
Keller, Edwin	
Mahon, Bill	
Milligan, Jeff	
Murphey, Billy	
Parnell, Edward	
Pope, Olie	
Ratliff, Robert	
Ray, Bob	
Slaughter, Logan	
Schellhase, Walter	Yes
Simons, Donald	Yes
Szakacs Jr., Charles	Yes
Tvrdik, Thomas	
VanRiper, Robert	
Vasquez, Jose	
Walls, Bob	
Ward, Dean	
Wells, Gaye	
Woods, John	

## **ii. Summary of Stakeholder Meeting**

Mr. Dean Billik provided opening remarks to the large group and Mr. Tom Stranova discussed the CARES initiative overview and introduced Mr. Alvaraz. The stakeholders were then asked for their comments. It was stated it was their opportunities to make comments and concerns heard by the commissioners and the commissioners cannot provide specific feedback on concerns except for those that relate to the CARES process and their role in general.

Dr. Chris Colenda, dean from the University of Texas College of Medicine, offered his support of the CARES process, indicating the strong affiliation at the Temple VAMC site and importance that VA and medical schools have had in the past.

Gerald Cowan from the DAV focused his comments on the distance that veterans must travel in the state of Texas to obtain services. In the Valley area there is very limited inpatient care and veterans find themselves traveling long distances and in, at times, congested roads to obtain care. He also mentioned use of a voucher system and further

use of TRICARE as options for care. In the Southwest part of the state, there are long appointment wait times so access is an issue.

General Walter Shelhase stated his strong support of keeping the Kerrville site open and recommended an increase in the number of acute beds. His comments are reflected in written documents.

Donald Simms, American Legion indicated his support of the CARES process and indicated he had been involved throughout the process.

Charles Szakacs, National Blinded Veterans, stated his concern about both the WACO and Augusta Georgia Blind Rehabilitation centers future given the proposed changes in services that are recommended through the CARES process. He also voiced his concern as to why stakeholders hadn't been involved with the plan when Dr. Roswell sent it back to the field. He felt strongly there had been a lack of participation at this stage of the review and had concerns about the Blind Rehabilitation Program impact.

Mary Gibson, NAMI, voiced her support of keeping the WACO site open. She stated there is something soothing about the WACO campus that aids in treatment of the mentally ill patient.

Clemintine Ray, AFGE 2109, voiced her concerns about closures of any medical centers and the impact closures have on employees.

Perry Dickman from the PVA voiced his concerns about the special emphasis programs and the need to ensure the CARES process does not harm these programs.

Bob Curtis, VFW, indicated his concern about the closure of WACO and the apparent change in direction without stakeholder input. He indicated it appeared the process was done in secret and this process had a negative impact, as it appeared there was secrecy in the plan.

Gaye Wells, NAMI, voiced her concerns about the closure of WACO.

## **VI. OTHER**

Mr. Alvarez was interviewed by the local ABC affiliate as well the Waco newspaper, The WACO Tribune Heard.

Approved, with minor changes by all four commissioners August 1, 2003.  
Prepared by Rebecca Wiley.